

# Harm Reduction Works

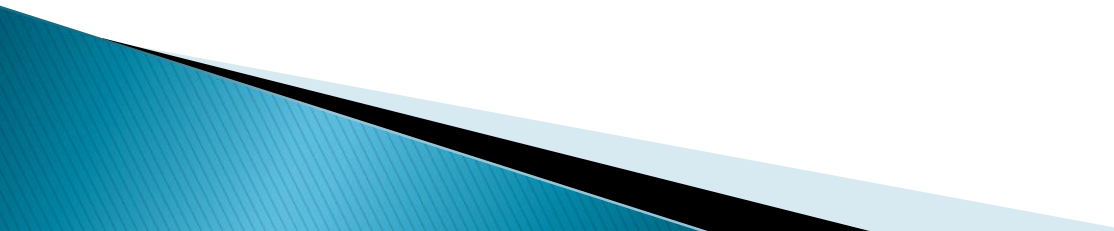
Harm Reduction History and Principles

Harm Reduction and Naloxone in Indiana

Opiate Overdose Reversal Training



# Objectives

1. Define harm reduction.
  2. Recognize key principles of harm reduction.
  3. Identify the need for harm reduction, with a PWID focus.
  4. Be able to respond to an opiate overdose .
- 

# Glossary

PWID—People Who Inject Drugs

PWUD—People Who Use Drugs

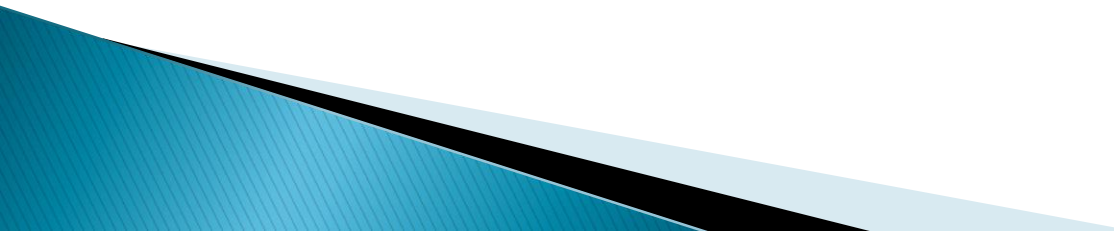
PLWHA—People Living with HIV/AIDS

SUDs—Substance Use Disorders

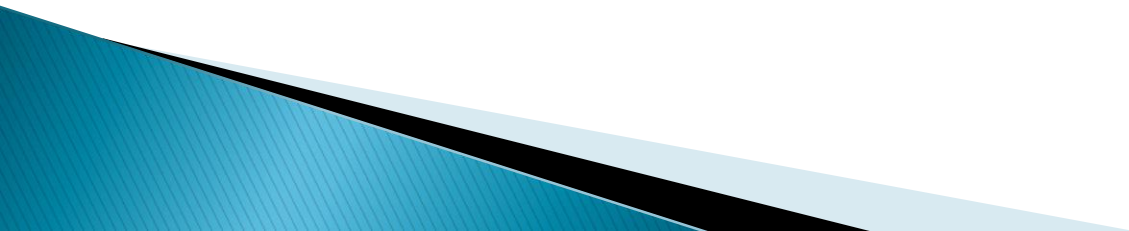
SAS – Syringe Access Services

SEP – Syringe Exchange Program

AOD – Alcohol & Other Drugs



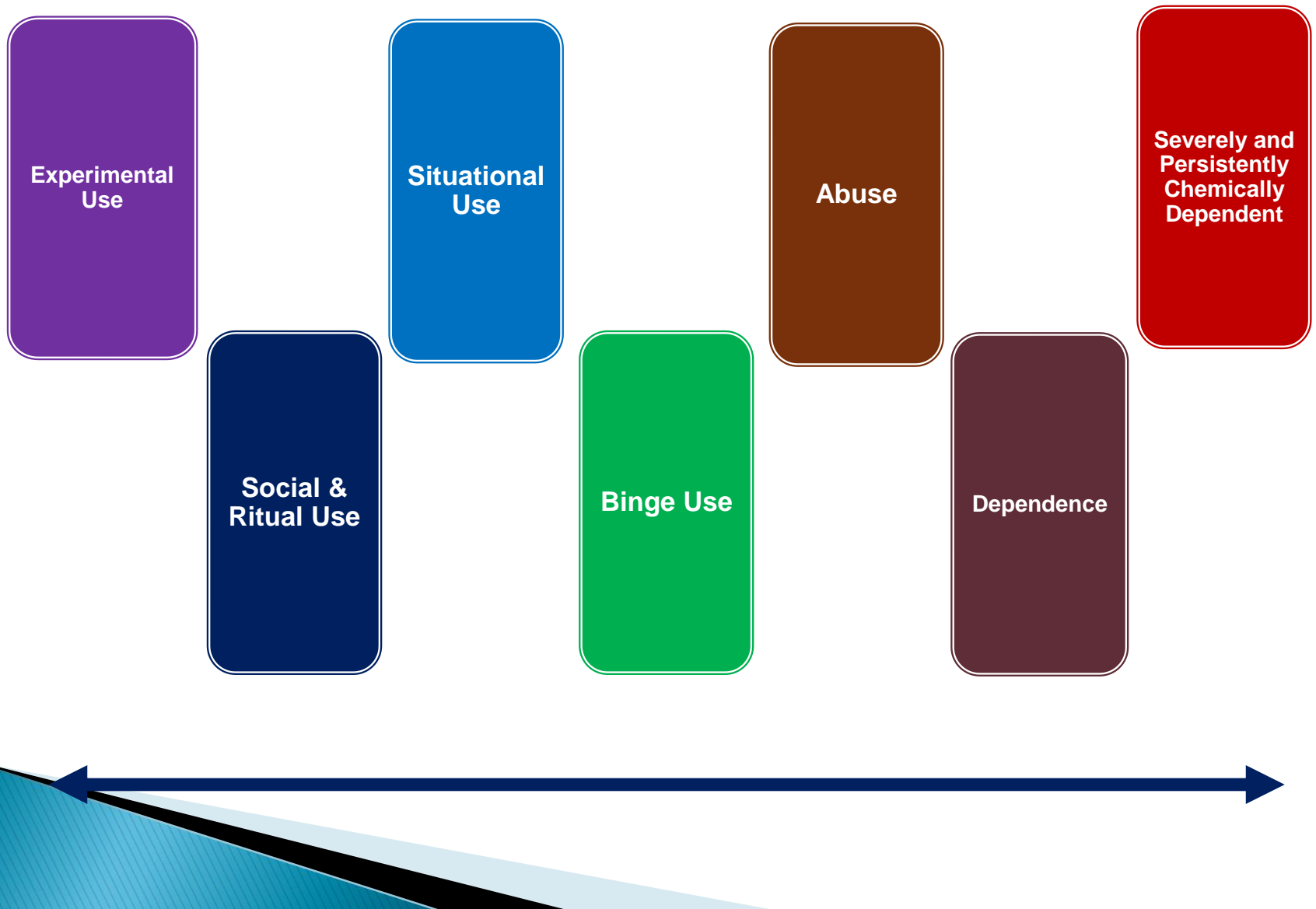
How do you define  
Harm Reduction?



# Harm Reduction

- ▶ A set of practical strategies that reduce the negative consequences associated with drug use and other risk behaviors (ex: sexual risk).
- ▶ In relation to drug use it incorporates a spectrum of strategies including *safer use, managed use, abstinence*.
- ▶ Harm reduction strategies meet people "*where they're at*" (*but don't leave them there*).

# Harm Reduction: The Continuum of Use



Any Positive Change



# What Harm Reduction is **Not**

Harm reduction **does not** mean “anything goes.”

Harm reduction **does not** enable drug use or high risk behaviors.


Harm reduction **does not** condone, endorse, or encourage drug use.

Harm reduction **does not** exclude or dismiss abstinence-based treatment models as viable options.





# Traditional Drug Treatment Is Not Always A Viable Option

- Limited availability.
  - People may not be ready to quit or may never choose to.
  - Other reasons? *insurance, pregnant, health issues, rent, employment, child care, DCS, probation, drug court...*
- 

# Principles of Harm Reduction

- ❖ Health and Dignity
- ❖ Participant-Centered Services
- ❖ Participant Involvement
- ❖ Participant Autonomy
- ❖ Sociocultural Factors
- ❖ Pragmatism/Realism

# (1) Focus on Health and Dignity

Establishes **quality of individual and community life and well-being** as the criteria for successful interventions and policies.



foto by George Hodan

## (2) Participant-Centered Services

**Non-judgmental** and **non-coercive** provision of services and resources.



### (3) Participant Involvement

Ensures people have a **real voice in the creation of programs and policies** designed to serve them.





## (4) Participant Autonomy

Affirms people who use drugs themselves as their own **primary agents of change** .



## (5) Sociocultural Factors

Recognizes the various **social inequalities** which affect both **people's vulnerability to** and **capacity for** effectively **dealing with potential harm**.



foto by Peter Griffin

## (6) Pragmatism and Realism

Does **not** attempt to minimize or ignore the **real and tragic harm and danger** associated with licit and illicit drug use or other risk behaviors.





# Syringe Access Programs

## *Our Roots in Harm Reduction!*

“How does this work?”

“You give me an old one,  
I give you a sterile one,  
and it keeps your butt  
alive”



Doug Wilson  
Dave Purchase handing out syringes on his own in Tacoma, Wash., in the late 1980s.  
*New York Times*, January 27, 2013

# Reduction in Hep C Transmission Risk

- ❑ Almost 1/3 of IDUs (31.8%) report sharing syringes and other equipment in U.S.\*
- ❑ Many participants of SAPs are referred to Hep B vaccination series and Hep C treatment.
- ❑ Safer injecting equipment education from an SAP assist PWID who do not have Hep C, to stay that way.

*\*HIV-Associated Behaviors among Injecting Drug Users—  
23 Cities, United States, May 2005-Feb 2006  
MMWR 2009*



**42 New Cases HCV in Lawrence County =**  
**\$4,200,000**



# Syringe Access:

## Reduction in HIV Incidence

- ❑ Syringe access is the most effective, **evidence-based** HIV prevention tool for people who inject drugs.
- ❑ Federal agencies for national health such as the CDC, SAMHSA, HRSA, and NIDA conclude the use of sterile syringes prevent the spread of HIV and other blood-borne infectious diseases.
- ❑ **PWID** have reversed the course of the AIDS epidemic by using sterile syringes and **harm reduction** practices.


# **Syringe Access: Indiana Harm Reduction**


- ☐ February 2015 HIV cases in Austin, IN
- ☐ March 2015 State of Emergency Declared
- ☐ April 2015 SAS legislation passed
- ☐ May 2015 Aaron's Law (naloxone) passed
- ☐ County Hepatitis C emergency, SAS proposal, ISDH approval



**200 cases of HIV Scott County**

**\$220,000,000**






We involve people who use drugs in meaningful ways at every level.  
We don't ask intrusive questions.  
We don't track them.  
We don't make people sign consent forms.  
We don't make them identify themselves.  
We don't try to force solutions on to them that they might not be receptive to.  
We don't judge people.  
We do outreach with them where they tell us they'd feel comfortable meeting, not where it's most convenient for us.  
We tell them we love them and want to see them again, no strings attached.

***Put simply, we meet them where they are...but we don't leave them there.***





# **Harm Reduction is Low Barrier**

- **Jackson County and naloxone distribution**
  - **Stigma and criminalization as barriers**
- 



# **HIV vs. HCV tactics**


## **HIV**

Reduce viral load to reduce likelihood of transmission

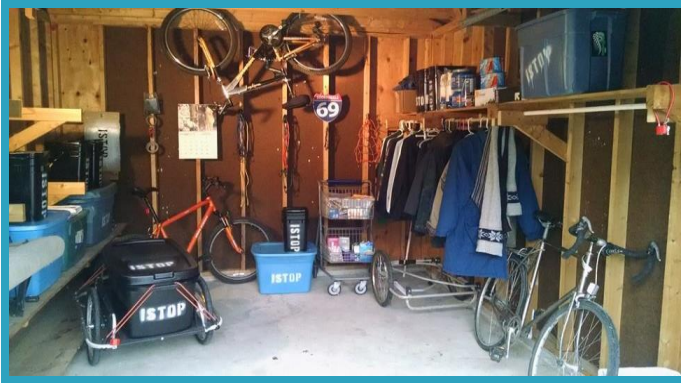
## **HCV**

Refuse treatment until F3/F4, highest viral loads, most infectious


# It's Not Just Syringes: Benefits of Syringe Access

- Detox and drug treatment programs
  - Medical, dental & mental health services
  - Bad Date Sheet/Bad Dope Sheet
  - Hep A + B Vaccinations
  - HIV/Hep C services
  - Housing services
  - Safer sex supplies & education
  - Overdose prevention
- 

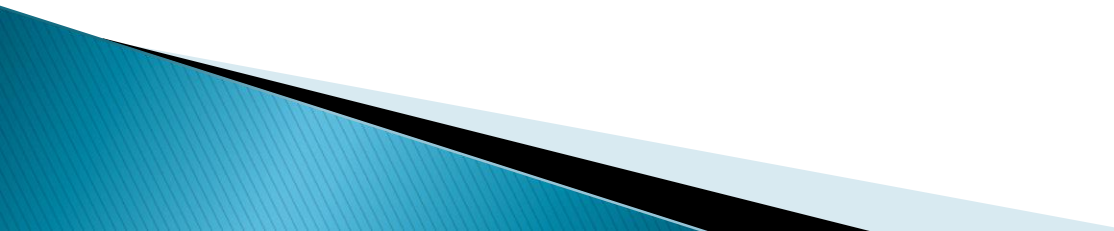
# What Is The Indiana Recovery Alliance?



# What We're Doing in Monroe County

- Meeting people “where they’re at,” but not leaving them there
  - Almost 90,000 syringes collected
  - 90 Tx referrals, 35 people in long term treatment
  - Thousands of naloxone kits distributed, hundreds of overdose reversals
  - Participants = volunteers, offer identity outside of “junkie” or “felon”
  - Clothes, blankets, street supplies
  - Nursing triage
  - Protecting anonymity and lowering barriers
  - Providing access to other services for hidden population (around 600 unique PWID participants, average 100 new every month, thousands of community members engaged)
- 

# What We're Doing in Monroe County

- Testify in Washington DC to a joint House/Senate briefing on the need to lift the ban on funding.
  - Share our experience with the White House Office of National Drug Control Policy in the Executive Office of the President
  - Host and co-facilitate four well attended Harm Reduction training's.
  - Open four low barrier sober living houses.
  - Educate community members about both qualitative and quantitative aspects of addiction ( financial and human costs)
- 



# **Overdose on the rise – overdose from opioids currently ranks #1 in accidental deaths in the U.S.**

Centers for Disease Control and Prevention.  
National Vital Statistics System, 2015

# What Can We Do?

- ▶ Learn About Naloxone
- ▶ Learn How To Administer Naloxone

# Physiology Of An Overdose

- ▶ After you ingest opiates, opiate receptors in brain are filled
- ▶ Depressed breathing results
- ▶ The more of the drug taken, the more breathing becomes depressed to the point of not breathing at all (overdose)
- ▶ More than 5 minutes of not breathing could lead to permanent brain damage
- ▶ **Rescue breathing will keep a person alive**





# THE IRA AND NALOXONE

- ▶ **Three Things IRA Must Do to Distribute Naloxone**

1. Instruct how to use naloxone
2. Offer treatment referral
3. Instruct to call 911

- ▶ **Aaron's Law/Standing Order**

1. No special certification needed for Indiana resident to carry and administer naloxone



# How Does Naloxone Work?

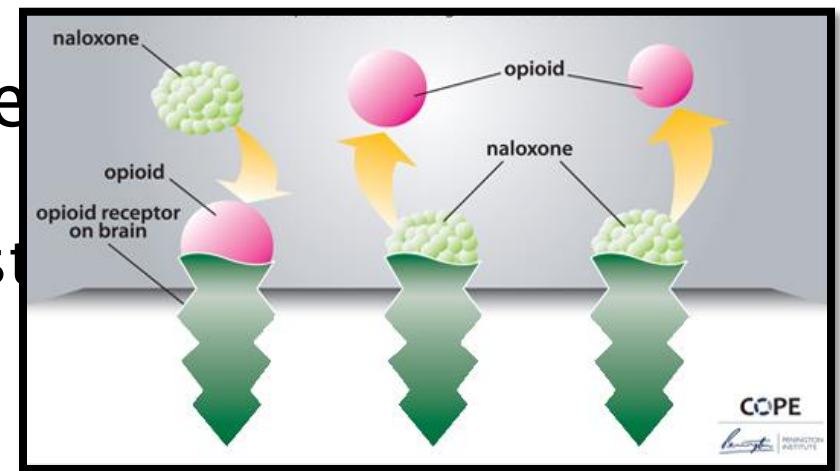
## ▶ Antagonist

- Stronger affinity for opiate receptors than opiates
- Kicks opiates out for up to 90 minutes
- Allows resumption of breathing
- No euphoria

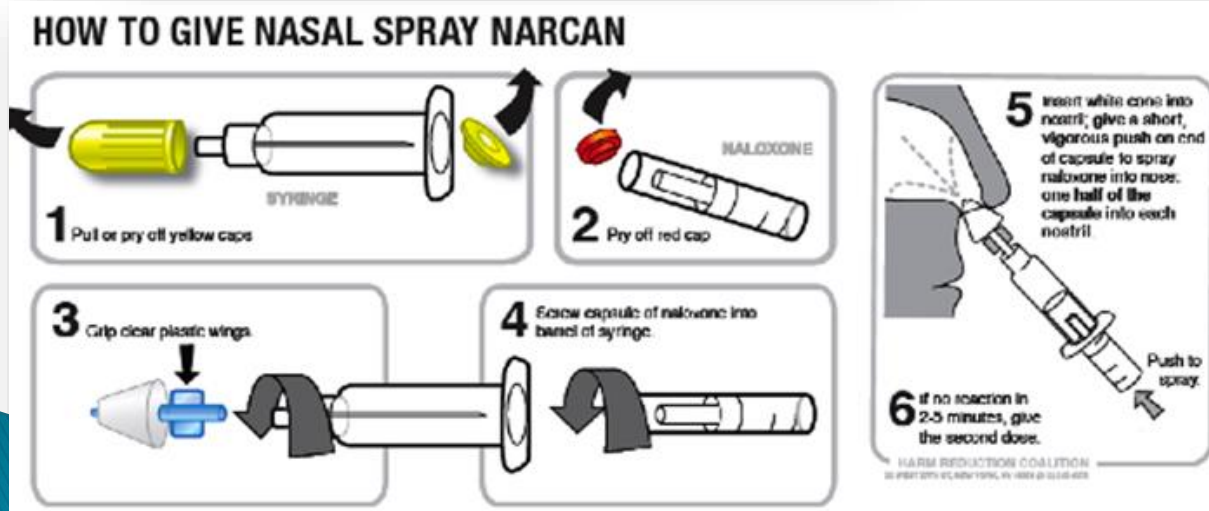
## ▶ Many ways to administer

- IV fastest
- intramuscular next fastest
- subcutaneous slowest, but longest lasting

## ▶ Works on ALL opiates



# Different Forms Of Naloxone



What are common opi

# What To Do In Case Of An OD

## S.C.A.R.E. M.E.

- ▶ **S**timulate
  - **M**uscular injection
- ▶ **C**all 911
  - **E**valuate and Support
- ▶ **A**irway Cleared
- ▶ **R**escue Breathing
- ▶ **E**valuate if Naloxone would help

# SCARE ME

## Stimulation

- ▶ Can they be awakened?
  - Yell “Cops!”
  - Yell “Narcan!”
  - Sternal Rub



## Call for help

- ▶ If the person is not responsive
- ▶ Call 911
- ▶ Tell them your friend is not breathing



# SCARE ME (*A&B of Life*)

## Airway:

- ▶ Roll on back
- ▶ Clear airway
- ▶ Tilt head
- ▶ Pinch Nose

## Rescue Breathing

- ▶ First: 2 quick breaths
- ▶ Then: 1 big breath every 5–7 seconds
- ▶ Make sure: Watch the chest to make sure it rises & falls

You are NOT doing CPR  
just rescue breaths

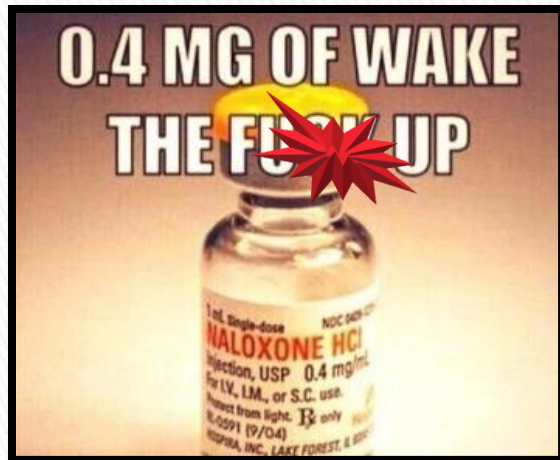


Don't forget

# SCARE ME

## Evaluate

- ▶ Are they better?
- ▶ Can you get naloxone quick enough for them so they don't go too long without assisted breathing?



## Muscular Injection

- ▶ Only 1cc / 1ml
  - ▶ Could safely do 2, or 3, or 10 cc/ml
  - ▶ BUT they will be more sick and possibly combative
- ▶ Thigh, upper arm or ass / hip
- ▶ Needle will go through clothing, leather, etc
- ▶ **THIS IS NOT PULP FICTION**

# SCARE ME

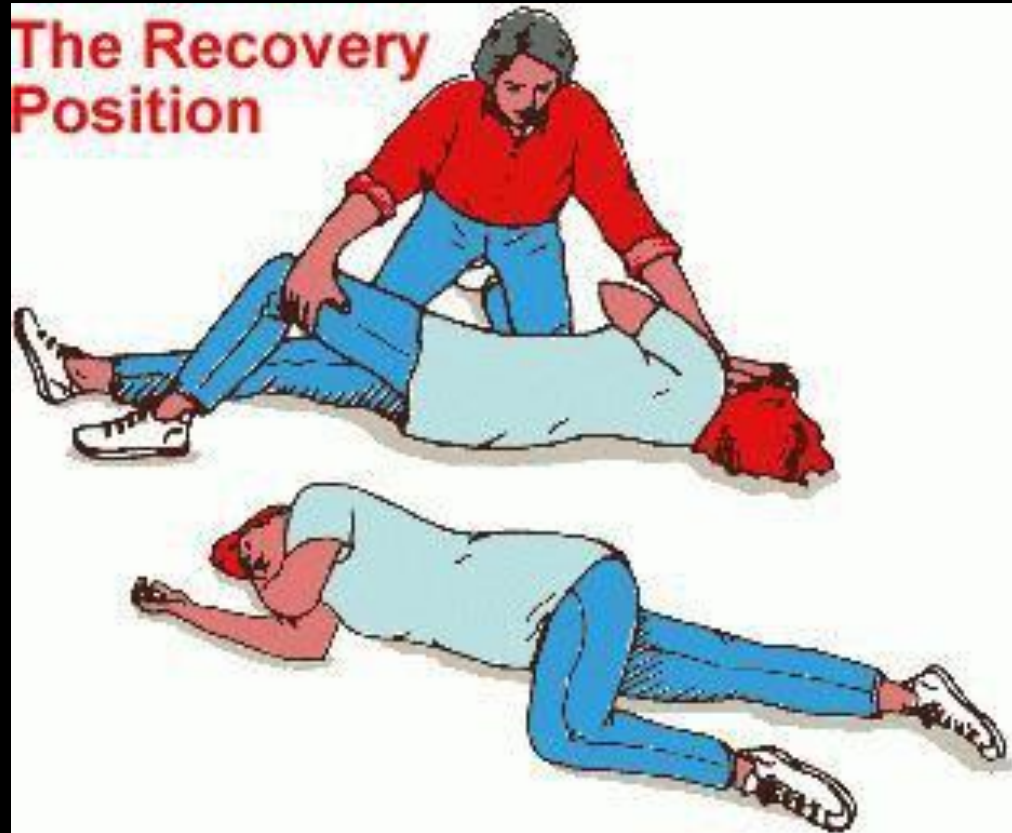
## Evaluate And Support

- ▶ Is the person breathing on their own?
- ▶ Is another dose needed?
- ▶ They will start feeling better in about 15 minutes
- ▶ 30 – 90 minutes naloxone will wear off, OD could come back on long acting opioids (methadone, oxy, very rare to return)
- ▶ Support them and stop them from using again, Naloxone works for 30–40 minutes, so on long lasting opiates (methadone, oxy) overdose may return
- ▶ RECOVERY POSITION (lying on the side) is used to prevent aspiration

What's the Recovery Posit



# SCARE ME



# Where And How To Get Naloxone



# Contact

– Volunteer, Donate, Get Help, Get Educated

## Indiana Recovery Alliance

Please visit *[indianarecoveryalliance.org](http://indianarecoveryalliance.org)* for links to over 30 years studies concerning Harm Reduction

Follow us on Facebook (*[/indianarecoveryalliance](https://www.facebook.com/indianarecoveryalliance)*) to stay up to date with our efforts

PO Box 394  
Bloomington, IN 47402

[indianarecoveryalliance@gmail.com](mailto:indianarecoveryalliance@gmail.com)